professionals' (PCP) knowledge of BI, perceptions of their role and current practice.

Methods Six databases were searched (MEDLINE, EMBASE, PsycINFO, CINAHL, Cochrane Library CENTRAL, Web of Science), using terms for 'sleep', 'child/paediatric', 'primary health care', 'general practitioner' and 'health visitor'. Selection criteria included qualitative and/or quantitative studies of PCPs seeing parents or children presenting with paediatric sleep problems or parents/carers of children presenting in primary care. The focus is PCP attitudes, knowledge, understanding and practice regarding paediatric sleep management in primary care. SH is leading paper screening and data extraction. A second reviewer BS screened 20% of initial titles/abstracts, will screen 20% of full texts and will check data extraction. The mixed methods appraisal tool will be used for quality appraisal. A mixed-methods synthesis will include a thematic synthesis of qualitative papers and a narrative synthesis of quantitative papers.

Results Database searches resulted in 7578 results, de-duplicated to approximately 5500. Approximately 400 papers were included from title/abstract screening for potential eligibility. Full texts are currently being screened for full eligibility and data is being extracted. Results will be presented at the conference.

Discussion A greater understanding of PCP knowledge of BI, perceptions of their role and current practice will identify key areas to inform research to improve the management of paediatric sleep problems in primary care.

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P032

DATA FROM THE BRAZILIAN BAEPENDI HEART STUDY COHORT YIELD NEW INSIGHTS INTO THE GENETIC EPIDEMIOLOGY OF INSOMNIA

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Introduction Insomnia significantly impacts lifetime morbidity and thus has substantial socioeconomic costs. In developed, high-income countries insomnia prevalence is increasing. However, little is known about insomnia in less urbanised, lower-income populations. Baependi is a Brazilian rural town, which has been shown to maintain sleep cycles synchronised to natural daylight, in spite of electrification. We aimed to investigate the components of insomnia in the family-based Baependi Heart Study cohort, using the Insomnia Severity Index (ISI) questionnaire.

Methods and materials Descriptive analysis was performed on data collected from the Baependi population (n=1,202) using R software. Heritability analysis was calculated using polygenic mixed modelling. Genome-wide association analysis (GWAS) was subsequently performed on the Baependi data, in order to interrogate for associations with polymorphisms previously related with insomnia symptoms (n=811).

Results Descriptive regression analysis categorised 7.6% of the participants as suffering from 'clinical insomnia' based on their ISI scores, with an average total score of 6.5 ± 5.0 (SD). Heritability of ISI score, based on the best-fit model adjusted for sex, age, education, and depression, was 19%. GWAS yielded four associations of genome-wide significance with single-nucleotide polymorphisms (SNP) rs869481, rs62037617 and rs3747579, which are located in the CORO7 gene, and rs3789038, located on the neighbouring HMOX2 gene on chromosome 16.

Conclusion This is one of the first studies of ISI score distribution in a general population. The heritability value observed is consistent with previously published literature, which have used different measures of insomnia symptoms. In addition, this is the first reported GWAS analysis for ISI score, identifying the first significant genome-wide genetic associations of ISI score. Thus, this study confirms the reliability and suitability of ISI as a measure for genetic studies in population.

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P033

THE FEASIBILITY OF REMOTE MONITORING IN PAEDIATRIC PATIENTS REQUIRING NON-INVASIVE POSITIVE AIRWAY PRESSURE THERAPY (NIPAPT)

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Introduction Non-invasive positive airway pressure therapy (NIPAPT), including bi-level and continuous airway pressure (CPAP), is used to treat children with multiple conditions including obstructive sleep apnea-hypopnea syndrome (OSAHS). Sustained improvement requires significant effort from the patient, their family and the clinical team. Increasingly, we have found that, despite inpatient establishment, adherence reduces and symptoms re-occur. Re-establishment requires further clinic reviews and admissions, often over several nights. In response, we undertook a pilot study in which 4G-modem equipped ventilators were used to enable remote monitoring of adherence in patients admitted for establishment/re-establishment of NIPAPT.

Methods From July 2019 all new/re-establishment patients requiring NIPAPT were offered and consented for remote monitoring. The secure monitoring system Airview© (Resmed) was used with the ventilator devices - Lumis 100 & 150 (Bi-Level) and Airsense S10 Elite (CPAP). Data collected included ventilator usage, AHI, leak and pressures. Data checks were carried out after one week of being established, and then regular intervals (up to 90 days).